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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS		ARIZONA	
1. PLACE OF DEATH		State File No. 250	
County <u>Maricopa</u>		Registered No. <u>542</u>	
Township _____		City <u>Phoenix</u>	
City <u>Phoenix</u>		No. <u>4223 North Longview</u>	
Length of residence in city or town where death occurred <u>16</u> yrs. _____ mos. _____ ds.		How long in _____ if foreign birth? _____ yrs. _____ mos. _____ ds.	
2. FULL NAME <u>JOHN CALHOUN MAYFIELD</u>		How long in State when death occurred? <u>16</u> yrs. _____ mos. _____ ds.	
(a) Residence: No. <u>4223 North Longview</u>		St., _____ (If not within city or town and state)	
(Usual place of abode)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Virginia Bell Mayfield</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Mar. 10, 1870</u>			
7. AGE	Years <u>67</u>	Months <u>0</u>	Days <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Collins, Mississippi</u> (State or Country)			
13. NAME <u>William Carter Mayfield</u>			
14. BIRTHPLACE (city or town) <u>Mississippi</u> (State or Country)			
15. MAIDEN NAME <u>Charitay Keys</u>			
16. BIRTHPLACE (city or town) <u>Mississippi</u> (State or Country)			
17. INFORMANT <u>Virginia Bell Mayfield</u> (Address) <u>4223 N. Longview, Phoenix, Ariz.</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Forest Lawn</u> Date <u>3-17-37</u> 19.			
19. EMBALMER License No. <u>284</u> Signature <u>Sam W. Warner</u> FUNERAL DIRECTOR <u>A. L. Moore and Sons</u> Address <u>Phoenix, Arizona</u>			
20. Filed <u>3-20-1937</u> <u>W. F. Warner</u> <u>B. W. S.</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Mar. 15, 1937</u>			
<u>Feb. 28</u> I HEREBY CERTIFY That I attended deceased from <u>1937</u> to <u>Mar. 13, 1937</u>			
I last saw him alive on <u>Mar. 13, 1937</u> death is said to have occurred on the date stated above, at <u>12:45 P.M.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>Cerebral Hemorrhage</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify _____			
(Signed) <u>W. F. Warner</u> M. D.			
(Address) _____			